



RECEIVED
CENTRAL FAX CENTER

JUN 21 2004

5775 Morehouse Drive,
San Diego, California 92121-2779
(858) 587-1121 Fax: (858) 658-2502

OFFICIAL

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL TO WHOM IT IS ADDRESSED AND CONTAINS INFORMATION THAT IS PRIVATE AND/OR PROPRIETARY. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately. Thank you!

Facsimile Transmittal

DATE: June 21, 2004

TO: USPTO

ATTN: EXAMINER Emmanuel Bayard

RE: Serial No. 09/971,903

FAX : 703-872-9314

FROM: Timothy F. Loomis

Number of Pages Sent: 15 (including this transmittal cover sheet)

ATTACHED HERETO IS AN AMENDMENT IN FOURTEEN (13) PAGES; A ONE (1) PAGE TRANSMITTAL. PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number (703) 872-9314. Attention Office of Amendments, on:

6/21/04

(Date of Deposit)

Darla D. Kasmedo

(Name of the Person Making the Deposit)

(Signature)

AMENDMENT TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 000063
In Re Application of: Raghu Challa
Serial Number: 09/971,903
Filed: October 4, 2001
Examiner: Emmanuel Bayard
Group Art Unit: 2631

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	38	40	0	x \$18 =	\$0
Independent**	8	8	0	x \$86 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$290	\$0
EXTENSION FEES <input type="checkbox"/> One Month <input type="checkbox"/> Two Months <input type="checkbox"/> Three Months				\$110	\$
				\$420	\$
				\$950	\$
TERMINAL DISCLAIMER				\$110	\$
				TOTAL FEE	\$0

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 6/21/04

Signature: 

Timothy F. Loomis, Reg. No. 37,383
858-845-8355

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: _____
(type or print name)

Date: 6/21/04

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Darla D. Rasmado
(type or print name)

Signature: 

(TRANSAMD.VER1.13-07/30/03)